

September 6, 2016 8:30 A.M.

JONES COUNTY BOARD OF COMMISSIONERS

REGULAR MEETING

JONES COUNTY AGRICULTURAL BUILDING, 110 MARKET STREET

TRENTON, NC 28585

MINUTES

COMMISSIONERS PRESENT:

Zack Koonce, Chairperson
Frank Emory, Vice-Chairperson
Joseph Wiggins, Commissioner
Sondra Ipock-Riggs, Commissioner

OFFICIALS PRESENT:

Franky J. Howard, County Manager
Angelica Hall, Clerk

COMMISSIONERS ABSENT:

Mike Haddock, Commissioner

The Chairperson called the meeting to order. Commissioner Frank Emory gave the invocation.

MOTION was made by Commissioner Joseph Wiggins, seconded by Commissioner Frank Emory, and unanimously carried **THAT** the agenda be **APPROVED** with the following additions:

11. JCPC Member Appointment

MOTION made by Commissioner Frank Emory, seconded by Commissioner Joseph Wiggins, and unanimously carried **THAT** the minutes for Regular Meeting on August 15, 2016 be **APPROVED**.

PUBLIC COMMENT PERIOD:

No Comment

1. MONTHLY SUMMARY REPORT

Mr. Wesley Smith, Health Director, presented to the Board the Monthly Summary Report for the Health Department. This report was from the month of July 2016. Mr. Smith explained the report to the Board and informed the Board that there would be a summary report of services provided by the Jones County Health Department presented monthly. A copy of this report is marked **EXHIBIT A** and is hereby incorporated and made a part of the minutes. No action needed by the Board.

2. ANIMAL BITE/RABIES EXPOSURE REPORT FOR JULY 2016

Mr. Wesley Smith, Health Director, presented to the Board the July 2016 Animal Bite/Rabies Exposure Report. The Health Director explained the report to the Board and answered questions the Board asked about the report. Mr. Smith will report to the Board monthly any Animal Bite/Rabies Exposures that occur within the County. A copy of this report is marked **EXHIBIT B** and is hereby incorporated and made a part of the minutes. No action needed by the Board.

3. LATE APPLICATIONS FOR PROPERTY TAX RELIEF

Mr. Franky Howard presented to the Board two late applications for approval.

MOTION made by Commissioner Joseph Wiggins seconded by Commissioner Frank Emory and unanimously carried **THAT** the late applications be **APPROVED** as presented. A copy of the applications is marked **EXHIBIT C** and is hereby incorporated and made a part of the minutes.

4. MONTHLY COLLECTIONS REPORT

Mr. Franky Howard presented to the Board the July Tax Collection report. The Board reviewed the report. A copy of the applications is marked **EXHIBIT D** and is hereby incorporated and made a part of the minutes. Information only no action needed by the Board.

5. MUTUAL AID AGREEMENT FOR EMERGENCY MANAGEMENT AND FLOOD PLAIN MANAGEMENT

Mr. Franky Howard presented the Board with a Mutual Aid agreement for Emergency Management and Floodplain Management between the County and the three Municipalities in Jones County. This is needed to continue working with them on countywide Emergency Management and Floodplain issues. **MOTION** made by Commissioner Frank Emory seconded by Commissioner Sondra Ipock-Riggs and unanimously carried **THAT** the agreements be **APPROVED** as presented. A copy of the agreements is marked **EXHIBIT E** and is hereby incorporated and made a part of the minutes.

6. WYSE FORK BATTLEFIELD UPDATE

Mr. Franky Howard provided the Board with updated information received on the Wyse Fork Battlefield. Mr. Howard explained to the Board if they would like to comment on the proposal they would have to do so by a October 13, 2016. Information only.

7. LANGUAGE ACCESS PLAN

Mr. Franky Howard presented the Board with a USDA required Language Access Plan (LAP). **MOTION** made by Commissioner Joseph Wiggins seconded by Commissioner Franky Emory and unanimously carried **THAT** the Language Access Plan be **APPROVED** as presented.

8. JAIL INSPECTION REPORT

Mr. Franky Howard presented the Board with the latest Jail Inspection Report. Mr. Howard explained to the Board that there is working being done to correct the issues that were reported. A copy of the report is marked **EXHIBIT F** and is hereby incorporated and made a part of the minutes.

9. SCHOOL PROJECT UPDATE

Mr. Franky Howard provided an update to the Board on the school project. Mr. Howard informed the Board that the School Board also approved the Pre-Development Agreement with SFLA. There will be meetings scheduled to get the design work completed in time to

submit for the NMTC. Mr. Howard stated they will plan to hold public information meetings as they receive information to share. There was discussion by the Commissioners.

Commissioner Sondra Ipock-Riggs requested a motion be made to have the questions she submitted pertaining to the School Project answered in writing and made part of the minutes.

MOTION made by Commissioner Joseph Wiggins seconded by Commissioner Sondra Ipock-Riggs and unanimously carried **THAT** the submitted questions be answered in writing and made part of the meeting minutes be **APPROVED**.

10. JONES COUNTY HERITAGE FESTIVAL 9-17-16

Mr. Franky Howard reminded the Board that the Jones County Heritage Festival is September 17, 2016. There will be a Parade in Trenton and ending with a Concert for the Brocks Mill Pond. Information Only, no action needed by the Board.

11. JCPC MEMBER APPOINTMENT

Mr. Wesley Smith, Health Director presented the Board with an appointment request for the Juvenile Crime Prevention Council. Mr. Smith requests that Karen Reeves, SOC Coordinator be appointed to the Jones County Juvenile Crime Prevention Council for FY 2016-2017.

Karen Reeves will be replacing Amy Bryant who no longer serves as the SOC Coordinator for the area. **MOTION** made by Commissioner Joseph Wiggins seconded by Commissioner Franky Emory and unanimously carried **THAT** the appointment be **APPROVED** as presented.

COUNTY MANAGER'S REPORT

Mr. Franky Howard reported that JAS is no longer in the County and there is a need to have another Ambulance service available for non-emergency services for places such as Brook Stone Nursing facility and the Dialysis Center.

COMMISSIONER'S REPORTS

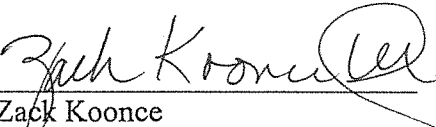
Commissioner Frank Emory requested an update on the fire hydrants that are to be installed at the Civic Center. Commissioner Emory also requested that the pay for the Paramedics be looked at and a comparison chart to include surrounding counties be completed. Also, he would like there to be contact with DOT to have something done about the 1002/41 intersection. He would also like to thank everyone for the work done during Tropical Storm.

Commissioner Sondra Ipock-Riggs asked if there could be something done to assist residents that live around the area of the new Hwy 17 bypass due to flooding issues and mud build-up. Commissioner Ipock-Riggs suggested they get with the Engineer to set up time for them to come speak with the Board about the project.

PUBLIC COMMENT

Timmy Coward with the Trenton Fire Department spoke to the Board about the ISR Rate and changing the Primary Mutual Aid Department from Phillips Crossroads due to non-cooperation. Mr. Coward would like Comfort moved to Primary, Wyse Fork moved to Secondary and Phillips Crossroad moved to Third. Mr. Coward expressed that if the Rating changes it could have a negative effect on the citizens in the county.

MOTION made by Commissioner Joe Wiggins, seconded by Commissioner Frank Emory, and unanimously carried **THAT** the meeting be **ADJOURNED** at 9:25 a.m.


Zack Koonce
Chairman

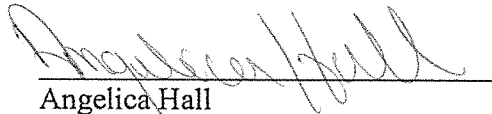

Angelica Hall
Clerk to the Board

EXHIBIT A

Jones County Health Department Monthly Summary Report – July 2016		
CLINICAL SERVICES	CURRENT MONTH	YEAR-TO-DATE
Family Planning	20	20
Maternal Health (Pregnancy Tests; Pre-natal Vitamins)	4	4
BCCCP	1	1
Wisewoman	2	2
Immunizations	3	3
Seasonal Flu Shots - Adults	0	0
Seasonal Flu Shots - Children	0	0
STD Treatments	17	17
Communicable Disease Cases/Investigations	9	9
TB Treatments (Latent) & Skin Tests	9	9
Child Health (Wellness)	5	5
Child Health (Sick Care)	1	1
Dental Varnishing	0	0
Lab Services	43	43
WIC (Women, Infant & Children)		
Food Benefit Issuance	31	31
Initial Certification	7	7
Mid-Certification Assessment	15	15
Subsequent Certifications	18	18
Nutrition Education	12	12
Total Clients Participating During the Month	216	
CASE MANAGEMENT SERVICES		
Pregnancy Care Management (OBCM):		
Current Case Load	35	
Contacts Made	17	17
Contacts Attempted (No Contact)	0	0
Care Coordination for Children (CC4C):		
Current Case Load	12	
Contacts Made	206	206
Contacts Attempted (No Contact)	20	20
Community Alternatives Program (CAP/DA):		
Current Case Load	25	25
Initial Assessment (New Admission)	0	0
Monthly Contacts - Clients/Providers (By Telephone)	25	25
Quarterly Contacts - Clients (Home Visit)	7	7
Annual Reassessment	1	1
ENVIRONMENTAL HEALTH		
Food and Lodging:		
F&L Inspections		0
F&L Visits		0
F&L Pre-Opening Visits		0
F&L Permits Issued		0
F&L Permits Suspended		0

F&L Suspensions Lifted		0
F&L Complaint Investigations		0
F&L Consults		0
On-Site Wastewater:		
Sites Visited/Evaluated	27	27
Improvement Permits Issued	2	2
Construction Authorizations	5	5
Other Authorizations	5	5
Consultative Contacts	18	18
Operation Permits Issued	3	3
Private Wells:		
Well Site Evaluated	0	0
Grouting Inspections	0	0
Well Site Construction Visits	0	0
Well Construction Permits Issued	0	0
Well Certificate of Completion	0	0
Bacteriological Samples Collected	4	4
Other Sample Collected	4	4
Well Consultative Contacts	0	0
Rabies Control:		
Animal Bite Reports	3	3
Rabies Exposure (No bite)	0	0
VITAL RECORDS		
Death Certificates	9	9
Home Birth Certificates	0	0
CAR SEAT PROGRAM		
Car Seats Distributed by Health Department	2	2
Car Seats Distributed by Partner Agencies	0	0
HEALTH EDUCATION/PREPAREDNESS UPDATES		
<p>The Health Department has been working on implementing a staff wellness program using FitBit Technology purchased with Healthy Community Funding at the end of the prior fiscal year. In the first month we have seen an increase in the activity level of all employee's participating in the program, with 10 of 11 staff members participating. We conducted our first quarter preparedness call down drill and had 66% of the staff respond to the call. Training with staff will be conducted on the importance of answering the automated system. Plans are being made for a joint training with Public Health Preparedness and Response regional office for nurses in the near future. Plans are also being made to participate in Heritage Day Festival, with all staff involved. At the festival, a Zika Prevention Kit will be available for county residents to show them how to prevent mosquito breeding areas and give examples of items that can be purchased to prevent the spread of mosquito borne illnesses.</p>		
OTHER UPDATES		
<p>Agency staff are focusing on meeting re-accreditation in 2017. We will receive our official notice on September 1, 2016. All accreditation materials must be submitted to the NC Health Department Accreditation Division no later than December 1, 2016, and our site-visit should take place in spring of 2017. Several staff members attended training in Greenville on updates to the accreditation program. Amy Carter, Health Educator, serves as the Agency Accreditation Coordinator.</p>		

EXHIBIT B

**Jones County Health Department
Animal Bite/Exposure Monthly Tracking FY 2016-17**

Month: July, 2016

[illegible]

EXHIBIT C

AV-9

Web
7-15**Application for Property Tax Relief**Elderly or Disabled Exclusion (G.S. 105-277.1),
Disabled Veteran Exclusion (G.S. 105-277.1C), or
Circuit Breaker Tax Deferment Program (G.S. 105-277.1B)County of Jones ☒ , NC

Year 2016

Instructions

Application Deadline: This application must be filed by June 1st to be timely filed. You may submit additional information separately if needed.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: www.dorn.com/downloads/CountyList.pdf. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

30726

Property ID Number <u>5432-05-8209-00</u>			
Last Name of Applicant <u>Villeda Jr.</u>	First Name <u>Guillermo</u>	Middle Name	Date of Birth (MM-DD-YY) <u>12/02/85</u>
Last Name of Spouse <u>-</u>	First Name <u>-</u>	Middle Name <u>-</u>	Date of Birth (MM-DD-YY) <u>-</u>
Residence Address <u>406 Fifth Street</u>			
City <u>Maysville, N.C.</u>		State <u>NC</u>	Zip Code <u>28555</u>
Mailing Address (if different from residence address) <u>-</u>			
City <u>-</u>		State <u>-</u>	Zip Code <u>-</u>
E-mail Address <u>VilledaJr.@Gmail.com</u>			
Home Telephone Number <u>-</u>	Work Telephone Number <u>-</u>	Ext. <u>-</u>	Cell Phone Number <u>619 246-8171</u>

Fill in applicable boxes:☒ Yes ☐ No ➤ Is this property your permanent legal residence?

Addresses of secondary residences (if any):

☐ Yes ☐ No ➤ If married, does your spouse live with you in the residence? If you answer No, provide your spouse's address.

Addresses of spouse:

☐ Yes ☐ No ➤ Are you or your spouse (if applicable) currently residing in a health care facility? If you answer Yes, fill in applicable circle
☐ Applicant ☐ Spouse and indicate current length of stay: -☐ Yes ☐ No ➤ Do you and your spouse (if applicable) own 100% interest in the property? If you answer No, list all owners and their ownership percentage (round to the nearest 0.1%):

Owner		%	Owner		%
Owner		%	Owner		%
Owner		%	Owner		%

Note: Separate applications are required for each owner that is claiming property tax relief. If husband and wife own the property, only one application is required.

Part 1. Selecting the Program

Each owner may receive benefit from only one of the three property tax relief programs, even though you may meet the requirements for more than one program.

However, it is possible that the tax rates or tax values may not be established until some time after the filing of this application. This can make it difficult for you to determine which program you prefer. The following procedures will help to resolve this situation.

Applying for One Program

If you know that you only wish to apply for one program, indicate only that program at the bottom of this section. The assessor will review your application and send you a notice of decision. The notice of decision will also explain the procedures to appeal if you do not agree with the decision of the assessor.

Applying for More Than One Program

Each owner is eligible to receive benefit from only one program. However, if you think you meet the requirements for more than one program but, as a result of the uncertainty of tax rates or values at the time of application, you are unable to make a decision on which one program you wish to choose, indicate all of the programs at the bottom of this section for which you wish to receive consideration. When the tax rates and values are determined, the assessor will review your application and will send you a letter notifying you of your options. If the letter indicates that you do not qualify or if you disagree with any decision in the letter, you may appeal. You must respond to the option letter within the specified time period or it will be assumed that you do not wish to participate in any of the property tax relief programs. In that case, you will be so notified and you will have the chance to appeal.

Please read the descriptions and requirements of the three programs on the following pages and then select the program(s) for which you are applying:

Fill in applicable circles:

- ☐ Elderly or Disabled Exclusion
☒ Disabled Veteran Exclusion
☐ Circuit Breaker Tax Deferment Program

You Must Complete:

- Parts 2, 5, 6
Parts 3, 6
Parts 4, 5, 6

If you select more than one program, please read ALL of the information on this page!

Part 2. Elderly or Disabled Exclusion

Short Description: This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2016 tax year is \$29,500. See G.S. 105-277.1 for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.

☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Part 3. Disabled Veteran Exclusion

Short Description: This program excludes up to the first \$45,000 of the appraised value of the permanent residence of a disabled veteran. A disabled veteran is defined as a veteran whose character of service at separation was honorable or under honorable conditions and who has a total and permanent service-connected disability or who received benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to a surviving spouse (who has not remarried) of either (1) a disabled veteran as defined above, (2) a veteran who died as a result of a service-connected condition whose character of service at separation was honorable or under honorable conditions, or (3) a servicemember who died from a service-connected condition in the line of duty and not as a result of willful misconduct. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

☒ Yes ☐ No I am a disabled veteran. (See definition of disabled veteran above.)

☐ Yes ☐ No I am the surviving spouse of either a disabled veteran or a servicemember who met the conditions in the description above. If you answer Yes, complete the next question.

☐ Yes ☐ No I am currently unmarried and I have never remarried since the death of the veteran.

Requirements: 1. File Form NCDVA-9 Certification for Disabled Veteran's Property Tax Exclusion. This form must first be certified by the United States Department of Veterans Affairs, and then filed with the county tax assessor.
2. Complete Part 6. Affirmation and Signature.

Part 4. Circuit Breaker Property Tax Deferment

Short Description: Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous year does not exceed the income eligibility limit for the current year, which for the 2016 tax year is \$29,500, the owner's taxes will be limited to four percent (4%) of the owner's income. For an owner whose income exceeds the income eligibility limit (\$29,500) but does not exceed 150% of the income eligibility limit, which for the 2016 tax year is \$44,250, the owner's taxes will be limited to five percent (5%) of the owner's income.

However, the taxes over the limitation amount are deferred and remain a lien on the property. The last three years of deferred taxes prior to a disqualifying event will become due and payable, with interest, on the date of the disqualifying event. Interest accrues on the deferred taxes as if they had been payable on the dates on which they would have originally become due. Disqualifying events are death of the owner, transfer of the property, and failure to use the property as the owner's permanent residence. Exceptions and special provisions apply. See G.S. 105-277.1B for the full text of the statute.

YOU MUST FILE A NEW APPLICATION FOR THIS PROGRAM EVERY YEAR!!

Multiple Owners: Each owner (other than husband and wife) must file a separate application. All owners must qualify and elect to defer taxes under this program or no benefit is allowed under this program. The Circuit Breaker Property Tax Deferment cannot be combined with either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion.

Fill in applicable boxes:

☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.

☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

☐ Yes ☐ No Have you owned the property for the last five full years prior to January 1 of this year and occupied the property for a total of five years?

☐ Yes ☐ No Do all owners of this property qualify for this program and elect to defer taxes under this program? If you answer No, the property cannot receive benefit under this program.

Requirements: 1. File Form AV-9A Certification of Disability if required above.
2. Complete Part 5. Income Information.
3. Complete Part 6. Affirmation and Signature.

Part 5. Income Information (complete only if you also completed Part 2 or Part 4)

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferment Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

Applicant's Social Security Number

[REDACTED] - 9637

Spouse's Social Security Number

Requirements:

1. You must provide a copy of the first page of your individual Federal Income Tax Return for the previous calendar year (unless you do not file a Federal Income Tax Return). Married applicants filing separate returns must submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy of the first page when you file your return. Your income tax returns are confidential and will be treated as such. Your application will not be processed until the income tax information is received. Please check the appropriate box concerning the submission of your Federal Income Tax Return.

Fill in applicable box:

- ☐ Federal Income Tax Return submitted with this application.
☐ Federal Income Tax Return will be submitted when filed with the IRS.
☐ I will not file a Federal Income Tax Return with the IRS for the previous calendar year.

2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. If you do not file a Federal Income Tax Return, you must attach documentation of the income that you report below (W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc.).

a. Wages, Salaries, Tips, etc	\$
b. Interest (Taxable and Tax Exempt).....	\$
c. Dividends.....	\$
d. Capital Gains.....	\$
e. IRA Distributions.....	\$
f. Pensions and Annuities.....	\$
g. Disability Payments (not included in Pensions and Annuities).....	\$
h. Social Security Benefits (Taxable and Tax Exempt).....	\$
i. All other moneys received (Describe in Comments section.).....	\$
Total	\$

Comments:

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

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Part 6. Affirmation and Signature

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete. Furthermore, I understand that if I participate in the Circuit Breaker Property Tax Deferment Program, liens for the deferred taxes will exist on my property, and that when a disqualifying event occurs, the taxes for the year of the disqualifying event will be fully taxed and the last three years of deferred taxes prior to the disqualifying event will become due and payable, with all applicable interest.

Applicant's Name (please print)

Applicant's Signature

Date

Spouse's Name (please print)

Spouse's Signature

Date

Refer to the Instructions on Page 1 for filing information and filing location.*

Office Use Only

Approved: Y / N

☐ Elderly/Disabled☐ Disabled Veteran☐ Circuit Breaker:☐ 4%☐ 5%

Date: ____/____/____ By: ____ Comments: ____

AV-9A Received: ____/____/____ NCDVA-9 Received: ____/____/____

FITR Received: ____/____/____ Income: \$ ____

***All applications must be submitted by June 1 to be timely filed.**

Late Applications: Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the [due date] may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed. [N.C.G.S. 105-282.1(a1)]

Please return to Onslow County Tax Office

NCDVA-9
(Rev. 08-09)

For best delivery to USDVA, filing this form with your local veteran's service office is recommended.

1224	State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 105-277.1C)	018 Jones COUNTY
SECTION 1 TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED		
Guillermo Villada Jr <small>NAME (Print or Type)</small>		Guillermo Villada Jr <small>DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)</small>
406 S St <small>STREET ADDRESS OR P.O. BOX NUMBER</small>		Tonya M. Villada <small>SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)</small> <small>(If Applicable)</small>
Maysville <small>CITY</small>	NC <small>STATE</small>	28555 <small>ZIP CODE</small>
		9637 <small>U.S. DEPT. OF VETERANS AFFAIRS FILE NUMBER</small>
		9637 <small>VETERAN'S SOCIAL SECURITY NUMBER</small>
<p>I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.</p>		
SECTION 2 Disabled Veteran's Signature		
I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.		
[Signature] <small>DISABLED VETERAN'S SIGNATURE</small>		Jan 5 2016 <small>DATE</small>
SECTION 3 Surviving Spouse's (who has not remarried) Signature		
I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.		
[Signature] <small>SURVIVING SPOUSE'S SIGNATURE</small>		[Blank] <small>DATE</small>
SECTION 4 To be completed by the U.S. Department of Veterans Affairs		
Please check all that apply:	A. <input type="checkbox"/> Veteran does not meet either B, C, D, or E of the below criteria. B. <input checked="" type="checkbox"/> Veteran has a service-connected permanent and total disability that existed as of <u>7/13/15</u> C. <input type="checkbox"/> Veteran received benefits on _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence. D. <input type="checkbox"/> Veteran died on _____ and had a service-connected permanent and total disability at death. E. <input type="checkbox"/> Veteran died on _____ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.	
Character of Disabled Veteran's Service at Separation: (DD-214) <input checked="" type="checkbox"/> Honorable <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Under Honorable Conditions		
[Signature] <small>SIGNATURE OF USDVA CERTIFYING OFFICIAL</small>		7/25/16 <small>DATE</small>
[Signature] <small>PRINTED NAME OF USDVA CERTIFYING OFFICIAL</small>		NOTE: Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.
[Signature] <small>TITLE OF USDVA CERTIFYING OFFICIAL</small>		

NC Division of Veterans Affairs authorizes the NC Department of Revenue and any County Tax Office to use this form as needed.

AV-5
Web
3-13

Application for Agriculture, Horticulture, and Forestry Present-Use Value Assessment

(G.S. 105-277.2 through G.S. 105-277.7)

County of JONES, NC

Tax Year 2016

Full Name of Owner(s) <u>DENNIS W. BANKS</u>				
Mailing Address of Owner <u>2540 TEN MILE FORK RD.</u>				
City <u>TRENTON</u>	State <u>NC</u>	Zip Code <u>28585</u>		
Home Telephone Number <u>252/671-3746</u>	Work Telephone Number	Ext.	Cell Phone Number <u>SAME</u>	

Instructions

Application Deadline: This application must be filed during the regular listing period, or within 30 days of a notice of a change in valuation, or within 60 days of a transfer of the land.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: www.dornc.com/downloads/CountyList.pdf. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

This application is for: (check all that apply)

☐ AGRICULTURE (includes Aquaculture)

☒ HORTICULTURE

☐ FORESTRY

Enter the Parcel Identification Number, acreage breakdown, and acreage total for each tax parcel included in this application:

PARCEL ID	OPEN LAND In Production	OPEN LAND not in Production	WOOD LAND	WASTE LAND	CRP LAND	HOME SITE	OTHER (Describe in Comments)	TOTAL ACRES
<u>541871004800</u>	<u>5</u>	<u>3.28</u>	<u>3.28</u>					<u>8.28</u>

Comments:

☐ Yes ☒ No Does the applicant own property in other counties that is also in present-use value and is within 50 miles of this property? If YES, list the county or counties and parcel identification number(s):

County:

Parcel ID:

County:

Parcel ID:

IMPORTANT!

AGRICULTURE and HORTICULTURE applications with LESS than 20 acres of woodland generally need to complete PARTS 1, 2, and 4.

AGRICULTURE and HORTICULTURE applications with MORE than 20 acres of woodland generally need to complete PARTS 1, 2, 3, and 4.

FORESTRY applications need to complete PARTS 1, 3, and 4.

ADDITIONALLY, applications for CONTINUED USE of existing present-use value classification need to complete PART 5.

Please contact the Tax Assessor's office if you have questions about which parts should be completed.

Page 2, AV-5, Web, 3-13

Part 1. Ownership

On what date did the applicant become the owner of the property? DATE:

July 2015

If owned less than four full years on January 1, provide: Name of Previous Owner:

WALLACE R. BARKS

How the Applicant is Related to the Previous Owner:

C & Z

☐ Yes ☒ No ➤ Did one of the applicants reside on the property on January 1 of the year for which this application is made?

If YES, provide name of resident:

☒ Yes ☐ No ➤ Are any of the acres leased out to a farmer? If YES, indicate: Number of acres leased out:

5

Name of farmer leasing the land:

DENNIS BARKS

Phone:

252/671-3740

Choose the legal form of ownership from "a - e" below, and answer the questions, if any, for that ownership:a. One Individualb. Husband and Wife (as tenants by the entirety)c. Business Entity. (Circle one: Corporation, Limited Liability Company, Partnership) List all the direct shareholders, members, or partners of the business entity and their farming activities:

Member:

Farming Activities:

Member:

Farming Activities:

Member:

Farming Activities:

Member:

Farming Activities:

Yes ☐ No ☒ ➤ Are any of the direct shareholders, members, or partners either a business entity or trust (i.e. not an individual)? If YES, you must attach a breakdown of those business entities or trusts until you reach the individual level of ownership interest and you must describe those individuals' farming activities.Yes ☐ No ☒ ➤ Once you have reached the individual level of ownership interest, are all of the individuals relatives of each other? (See G.S. 105-277.2(5a) for the definition of relative.)

State the principal business of the business entity:

d. Trust. List the trustee(s), name of the trust, and all of the beneficiaries:

Trustee(s):

Name of trust:

Beneficiary:

Farming Activities:

Beneficiary:

Farming Activities:

Beneficiary:

Farming Activities:

Beneficiary:

Farming Activities:

☐ Yes ☐ No ➤ Are any of the beneficiaries either a business entity or trust (i.e. not an individual)? If YES, you must attach a breakdown of those business entities or trusts until you reach the individual level of ownership interest and you must describe those individual's farming activities.☐ Yes ☐ No ➤ Once you have reached the individual level of ownership interest, are all of the beneficiaries either the trust's creator or relatives of the creator? (See G.S. 105-277.2(5a) for the definition of relative.)e. Tenants in common. List the tenants and their percentage of ownership (round to the nearest 0.1%):

Owner

%

Owner

%

Owner

%

Owner

%

☐ Yes ☐ No ➤ Are any of the tenants either a business entity or trust? If YES, you must make a copy of this page for each business entity or trust. You must complete the business entity section only or trust section only for each tenant, as appropriate, labeling each copy with the name of the business entity or trust.The Tax Assessor may contact you for additional information after reviewing this application.

Page 3, AV-5, Web, 3-13

Part 2. Agriculture and Horticulture

For the past three years and for each tax parcel within the farm unit, enter the agricultural or horticultural products actually produced on the land and the gross income from the sale of the products, including livestock, poultry, and aquatic species. INCOME INFORMATION IS SUBJECT TO VERIFICATION.

If payments are received from any governmental soil conservation or land retirement program, indicate the acres and amount of income in the table below. Provide the name of the program in the Product column.

Do not include income received from the rental of the land. Income must be from the sale of the product.

Parcel ID	ONE YEAR AGO 20 <u>14</u>			TWO YEARS AGO 20 <u>15</u>			THREE YEARS AGO 20 <u>16</u>		
	Product	Acres	Income	Product	Acres	Income	Product	Acres	Income
	BEANS	4		BEANS	4		BEANS	4	
	Totals	4		Totals	4		Totals	4	
	Totals			Totals			Totals		
	Totals			Totals			Totals		
	Totals			Totals			Totals		
	Totals			Totals			Totals		

☐ Yes ☒ No ➔ If this application covers a horticultural tract used to grow Christmas trees, has a written management plan been prepared? If YES, attach a copy. If NO, attach a full explanation of your operation that contains at least the following: year each tract was planted, gross income from each tract, site management practices, number of trees per acre, and expected date of harvesting for each tract.

If this application covers an aquatic species farming operation, enter the total pounds produced for commercial sale annually for the last three years: Year 20 lbs, Year 20 lbs, Year 20 lbs

Part 3. Forestry

Attach a complete copy of your forest management plan. Indicate below who prepared the plan:

N.C. Division of Forest Resources

Consulting Forester

WAYNE

Owner

Other

BELL

Note: The property must be actively engaged in the commercial growing of trees under a sound management program as of January 1 of the year for which application is made.

Page 4, AV-5, Web, 3-13

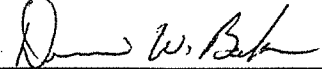
Key elements in a written plan for a sound forestland management program are listed below:

1. Management and Landowner Objectives Statement—Long range and short range objectives of owner(s) as appropriate.
2. Location—Include a map or aerial photograph that locates the property described and also delineates each stand referenced in the "Forest Stand(s) Description/Inventory and Stand Management Recommendations" (item 3 below).
3. Forest Stand(s) Description/Inventory and Stand Management Recommendations — Include a detailed description of various stands within the forestry unit. Each stand description should detail the acreage, species, age, size (tree diameter, basal area, heights), condition (quality and vigor), topography, soils and site index or productivity information. Stand-specific forest management practices needed to sustain productivity, health and vigor must be included with proposed timetable for implementation.
4. Regeneration-Harvest Methods and Dates—For each stand, establish a target timetable for harvest of crop trees, specifying the type of regeneration-harvest (clear cut, seed tree, shelter wood, or selection regeneration systems as applicable).
5. Regeneration Technique—Should include a sound proposed regeneration plan for each stand when harvest of final crop trees is done. Specify intent to naturally regenerate or plant trees.

NOTE: Forest management plans can and should be updated as forest conditions significantly change (e.g. change in product class mix as the stand ages and grows, storm damage, insect or disease attack, timber harvest, thinning, wildfire). The county will audit plans periodically and, to remain eligible for use-value treatment, the plan must be implemented.

Part 4. Affirmation

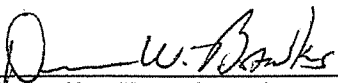
AFFIRMATION OF APPLICANT—I (we) the undersigned declare under penalties of law that this application and any attachments hereto have been examined by me (us) and to the best of my (our) knowledge and belief are true and correct. In addition, I (we) fully understand that an ineligible transfer of the property or failure to keep the property actively engaged in commercial production under a sound management program will result in the loss of eligibility. I (we) fully understand that loss of eligibility will result in removal from the program and the immediate billing of deferred taxes.

	<u>owner</u>	<u>8/8/2016</u>
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date

Part 5. Continued Use (Complete only if the property is currently in Present-Use Value and you are applying for immediate eligibility under the Continued Use exception. See G.S. 105-277.3(b2)(1) for full details.)

- I certify:
1. The property is currently in Present-Use Value.
 2. I intend to continue the current use of the land under which it currently qualifies.
 3. I understand I will be responsible for all deferred taxes due because of any disqualification.
 4. I ACCEPT FULL LIABILITY FOR ANY EXISTING DEFERRED TAXES.

Note: If the property is currently in Present-Use Value and liability is not accepted, the full amount of the deferred taxes will typically be due in the name of the grantor immediately. Liability need not be accepted and no deferred taxes are due for qualifying transfers pursuant to G.S. 105-277.3(b) and (b1). For example, liability does not need to be accepted for qualifying transfers to relatives. However, any deferred taxes existing at the time of transfer will remain a lien on the property. Owners already receiving Present-Use Value on properties not included in this application may wish to review the alternative provisions of G.S. 105-277.3(b2)(2).

	<u>owner</u>	<u>8/8/2016</u>
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date

FOR OFFICE USE ONLY: ☐ APPROVED ☐ DENIED BY: _____ REASON FOR DENIAL: _____

EXHIBIT D



COUNTY OF JONES

JONES COUNTY TAX OFFICE

Samuel B. Croom
Tax Administrator

P.O. Box 87
Trenton, North Carolina 28585-0087

Phone: (252)448-2546
Fax: (252)448-1080

August 11, 2016

Jones County Tax Collector:

For the Month of July:

2016 Levy Collection by Tax Office:	\$ 26,335.41
2016 Levy Collection by NCVTS:	59,493.48
2006-2015 Levy Collection:	28,693.49
Total Levy Collection:	<u>\$ 114,522.38</u>

A handwritten signature of Samuel B. Croom in black ink, written over a horizontal line.

Samuel B. Croom
Jones County Tax Administrator

2016 Levy: \$ 5,502,976.08

Collected on 2016 Levy as of 7/31/2016: 85,828.89

Other Levy Reduction:

Releases:	-
Refunds:	-
Write-Offs:	-
Total Levy Reduction:	<u>\$ 85,828.89</u>

Percent (%) of Levy Reduced as of 7/31/16: 1.56%

Percent (%) of Levy Reduced as of 7/31/15: 2.37%

EXHIBIT E

NORTH CAROLINA

JONES COUNTY

JONES COUNTY EMERGENCY MANAGEMENTMUTUAL AID AGREEMENT ANDFLOODPLAIN MANAGEMENT AGREEMENT

THIS AGREEMENT made and entered into by and between Jones County, a Body politic and corporate in the State of North Carolina "County", and identified Municipalities undersigned and effective as each municipality upon The date of proper execution of each;

WITNESSETH:

WHEREAS, Chapter 166A of the North Carolina General Statutes authorizes the development mutual aid agreements for reciprocal emergency management aid and assistance between domestic political subdivisions, consistent with the State Emergency Management Program and Plans; and

WHEREAS, mutual aid agreements may include but are not limited to the furnishing or exchange of supplies, equipment, facilities, personnel and services during disasters as defined with Article 1 of North Carolina General Statute 166A which also mandates the responsibility of the governing body of each County for emergency management within its geographical limits, and further mandating that all emergency management efforts within the county be coordinated by the County, including the activities of the municipalities within the County; and

WHEREAS, it is anticipated that a document entitled "NORTH CAROLINA STATEWIDE EMERGENCY MANAGEMENT MUTUAL AID AND ASSISTANCE AGREEMENT" as jointly sponsored by the North Carolina League of Municipalities and the North Carolina County Commissioners Association will be executed by most counties and municipalities within the State, including the County of Jones; and

WHEREAS, the agreement immediately referenced above is commendable and provides a mechanism to share public sector resources throughout the State; and

WHEREAS, this Agreement is made in an effort to complement the aforesaid statewide agreement by setting forth with particularity the means of resource coordination and open communication between the County and the undersigned municipalities during major emergencies; and

WHEREAS, s.s.III(A)(ii) of the statewide agreement effectually contemplates requests for mutual aid and assistance through county emergency management agencies; and

WHEREAS, the undersigned municipalities desire to render and receive mutual aid and assistance during major emergencies as coordinated by the Jones County Emergency Management Agency; and

WHEREAS, the undersigned municipalities desire to render and receive all Floodplain Management services by the County of Jones Floodplain Manager for National Flood Insurance Program Compliance and proper mitigation practices;

NOW, THEREFORE, in consideration of the terms, conditions, and covenants expressed herein, the parties agree as follows:

1. The municipality listed below shall participate in a coordinated sharing of resources between the County and other municipalities party to this Agreement for the purpose of providing the adequate protection for its own community and other participating communities;

2. That upon notification or request for resources, the municipality agrees to contact the Jones County Emergency Operations Center (EOC) or Emergency Management Duty Officer prior to the deployment of said resources outside the geographical limits of the County;

3. Upon contact, requests for resources will be coordinated through Jones County to other governmental entities, private sector agencies, and State Division of Emergency Management. As identified in Section III(A)(i) of the aforementioned North Carolina Statewide Emergency Management Mutual Aid and Assistance Agreement;

4. It is mutually understood that each party's foremost responsibility is to its own citizens. The provisions of this document shall not be construed to impose an unconditional obligation on any party to this agreement to provide aid and assistance pursuant to request from another party. Accordingly, when contacted by the recipient/local agency, provider's authorized representative shall assess provider's own local situation in order to determine available personnel, equipment, and other resources. In addition, each authorized representative agrees to determine if needs within the County are being addressed prior to committing resources to jurisdictions beyond the County's borders;

5. Mutual aid and assistance shall not be requested unless the resources available within the stricken area are deemed inadequate by the recipient;

6. In efforts to afford continuity and accuracy of properly mitigating floodplain management issues, and to insure proper compliance with the National Flood Insurance Program practices, the undersigned municipality agrees to render and receive all floodplain management practices, actions and enforcement through the County of Jones and its floodplain coordinator.

7. This agreement shall be binding upon the County and each participating municipality in perpetuity, unless terminated upon at least ninety (90) days advance written notice by one party to this Agreement to the chief executive officer of every other participating entity.

IN WITNESS WHEREOF, the County and each of the municipalities participating execute this Agreement in its name and behalf by its Chief Executive Officer, who has signed accordingly with seals affixed and attested with concurrences of a majority of its governing board, on the date indicated below.

JONES COUNTY

By:

John A. Kamm

09/06/16

Date

Sworn and subscribed before me this

10th day of September

Angela Hall
Notary Public
My Commission Expires: 1/7/2018

TOWN OF Pollocksville
By: [Signature]
Town Administrator
Aug 14, 2016
Date

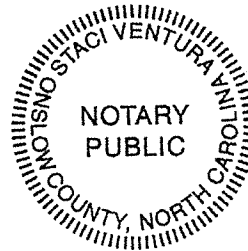
ATTEST:

[Signature]
Town Clerk

Sworn to and subscribed before me this

11 day of August, 2016.

[Signature]
Notary Public

My Commission Expires: 10/20/18

NORTH CAROLINA
JONES COUNTY

JONES COUNTY EMERGENCY MANAGEMENT
MUTUAL AID AGREEMENT AND
FLOODPLAIN MANAGEMENT AGREEMENT

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3. Upon contact, requests for resources will be coordinated through Jones County to other governmental entities, private sector agencies, and State Division of Emergency Management. As identified in Section III(A)(i) of the aforementioned North Carolina Statewide Emergency Management Mutual Aid and Assistance Agreement;
4. It is mutually understood that each party's foremost responsibility is to its own citizens. The provisions of this document shall not be construed to impose an unconditional obligation on any party to this agreement to provide aid and assistance pursuant to request from another party. Accordingly, when contacted by the recipient/local agency, provider's authorized representative shall assess provider's own local situation in order to determine available personnel, equipment, and other resources. In addition, each authorized representative agrees to determine if needs within the County are being addressed prior to committing resources to jurisdictions beyond the County's borders;
5. Mutual aid and assistance shall not be requested unless the resources available within the stricken area are deemed inadequate by the recipient;
6. In efforts to afford continuity and accuracy of properly mitigating floodplain management issues, and to insure proper compliance with the National Flood Insurance Program practices, the undersigned municipality agrees to render and receive all floodplain management practices, actions and enforcement through the County of Jones and it's floodplain coordinator.

7. This agreement shall be binding upon the County and each participating municipality in perpetuity, unless terminated upon at least ninety (90) days advance written notice by one party to this Agreement to the chief executive officer of every other participating entity.

IN WITNESS WHEREOF, the County and each of the municipalities participating execute this Agreement in its name and behalf by its Chief Executive Officer, who has signed accordingly with seals affixed and attested with concurrences of a majority of its governing board, on the date indicated below.

JONES COUNTY

By: _____

Zach A. Koonce, Jr.

9/06/16

Date

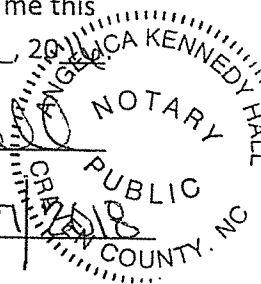
Sworn and subscribed before me this

6th day of September, 2016

Angelica Hall

Notary Public

My Commission Expires: 1/7/2018



TOWN OF TRENTON

By: [Signature]

Town Administrator

8/24/16

Date

ATTEST:

[Signature]

Town Clerk

Sworn to and subscribed before me this

24th day of August, 2016.

Charles C. Jones III Charles C. Jones III

Notary Public

My Commission Expires: 12-20-18

EXHIBIT F



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Richard O. Brajer
Secretary

Mark Payne, Director
Health Service Regulation

August 24, 2016

Sheriff Danny Heath (via email)
P O Box 267
Trenton, NC 28585

RE: Jones County Jail
FID #110638
Semiannual Inspection

Dear Sheriff Heath:

On August 17, 2016, the Division of Health Service Regulation (DHSR) - Construction Section inspected your facility to determine compliance with 10A NCAC Subchapter 14J JAILS, LOCAL CONFINEMENT FACILITIES. This inspection found deficiencies whereby corrections are required. A copy of the inspection report is enclosed for your attention. Please submit your plan of correction on each deficiency cited in this report to this office by 09/23/2016.

Your Plan of Correction must contain the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice.
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken.
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie.,

Construction Section
www.ncdhhs.gov • www.ncdhhs.gov/dhsr
Tel 919-855-3893 • Fax 919-733-6592
Location: Williams Building, 1800 Umstead Drive • Raleigh, NC 27603
Mailing Address: 2705 Mail Service Center • Raleigh, NC 27699-2705
An Equal Opportunity / Affirmative Action Employer

what quality assurance program will be put into place.

- Include dates when correction action will be completed. The corrective action dates must be acceptable to the State.
 1. Corrective action must begin immediately.
 2. Any completion date greater than 60 days from date of survey requires written justification from the Sheriff.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-715-4785

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions, please do not hesitate to call me at (919) 855-3893

Sincerely,



Charles B. Brown
Jail Inspector
DHSR-Construction Section
919-855-3893

Enclosure

cc: Mr. Zarry Koonice III, Chairman, Jones Board of Commissioners (via email)
Mr. Franky Howard, Jones County Manager (via email)
Captain Jason Jarman, Jones County Detention Center Administrator (via email)

PRINTED: 08/17/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110638	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/17/2016
NAME OF PROVIDER OR SUPPLIER JONES COUNTY JAIL		STREET ADDRESS, CITY, STATE, ZIP CODE 101 MARKET STREET TRENTON, NC 28585			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
J 000	10A NCAC 14J Initial Comments Charles Brown conducted the inspection. This biannual jail inspection was conducted as per 10A NCAC 14J JAILS, LOCAL CONFINEMENT FACILITIES Rules. This building was approved for use in 1932. The jail design capacity is 18 male beds and 3 female beds with a total design capacity of 21 beds. The deficiencies determined during the inspection are as follows:	J 000			
J 38	10A NCAC 14J .0701 Sanitation Each jail shall comply with the North Carolina Commission for Public Health rules governing sanitation as codified in Title 15A Chapter 18A Section .1500 and which are hereby adopted by reference pursuant to G.S. 150B-14(c) History Note: Authority G.S. 143B-153; 153A-221; Eff. June 1, 1990. This Rule is not met as evidenced by: Based on observation on the morning of 08/17/2016, the sanitary conditions in the facility were not in compliance with the following Rule: 15A NCAC 18A .1510 TOILET, HANDWASHING AND BATHING FACILITIES (a) Each cell shall be provided with access to toilet and handwashing facilities, and soap and individual towels shall be provided. The fixtures shall be kept clean and in good repair. (b) Each cell block or section shall be provided with bathing facilities which shall be easily cleanable and shall be kept clean.	J 38			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 08/17/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110638	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/17/2016
NAME OF PROVIDER OR SUPPLIER JONES COUNTY JAIL		STREET ADDRESS, CITY, STATE, ZIP CODE 101 MARKET STREET TRENTON, NC 28585		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
J 38	Continued From page 1 Findings include: All showers throughout the facility were dirty, rusty, and had paint peeling off the walls and ceilings.	J 38		

September 19, 2016 7:00 P.M.

JONES COUNTY BOARD OF COMMISSIONERS

REGULAR MEETING

JONES COUNTY AGRICULTURAL BUILDING, 110 MARKET STREET

TRENTON, NC 28585

MINUTES

COMMISSIONERS PRESENT:

Zack Koonce, Chairperson
Frank Emory, Vice-Chairperson
Mike Haddock, Commissioner
Joseph Wiggins, Commissioner
Sondra Ipock-Riggs, Commissioner

OFFICIALS PRESENT:

Franky J. Howard, County Manager
Angelica Hall, Clerk

COMMISSIONERS ABSENT:

The Chairperson called the meeting to order. Commissioner Mike Haddock gave the invocation.

MOTION was made by Commissioner Joseph Wiggins, seconded by Commissioner Frank Emory, and unanimously carried **THAT** the agenda be **APPROVED** with the following additions:

- 8. Consolidation Update
- 9. Nursing Home Board

MOTION made by Commissioner Frank Emory, seconded by Commissioner Joseph Wiggins, and unanimously carried **THAT** the minutes for the Regular Meeting on September 6, 2016 be **APPROVED**.

PUBLIC COMMENT PERIOD:

No Public Comment

1. REQUEST FOR SUPPORT FOR RECREATION AND DEVELOPMENT COMMUNITY CENTER

Mr. Gary Hill, Vice President of Long Point Recreation & Development Community Center, Inc. presented the Board with a proposal to request support in the effort to renovate the Long Point Community Center. A copy of this proposal is marked **EXHIBIT A** and is hereby incorporated and made a part of these minutes. Mr. Hill explained that the goal is to build a united community that has a positive effect on its residents from one generation to the next and renovating the Community Center would be the first step towards producing the positive change. The Board asked several questions and discussed the location and the past history of the building and the project. Motion made by Commissioner Frank Emory, seconded by Commissioner Sondra Ipock-Riggs and unanimously carried **THAT** the Request for Support for the Community Development Center be **TABLED** until further research is completed.